

**BERKSHIRE HEALTH GROUP**  
**BASIC FINANCIAL STATEMENTS AND**  
**MANAGEMENT'S DISCUSSION AND ANALYSIS**  
**WITH REQUIRED SUPPLEMENTARY INFORMATION**  
**YEARS ENDED JUNE 30, 2013 AND 2012**  
**WITH INDEPENDENT AUDITOR'S REPORTS**

**BERKSHIRE HEALTH GROUP**  
**BASIC FINANCIAL STATEMENTS AND MANAGEMENT'S DISCUSSION AND ANALYSIS**  
**WITH REQUIRED SUPPLEMENTARY INFORMATION**  
Years Ended June 30, 2013 and June 30, 2012

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Lynch, Malloy, Marini, LLP

Certified Public Accountants & Advisors

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**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Berkshire Health Group

**Report on the Financial Statements**

We have audited the accompanying financial statements of the Berkshire Health Group (Group) as of and for the years ended June 30, 2013 and 2012 and the related notes to the financial statements, which collectively comprise the Group's basic financial statements as listed in the table of contents.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

**Opinions**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the Berkshire Health Group, as of June 30, 2013 and 2012, and the respective changes in financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## Other Matters

### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis (MD&A) and the claims development information on the accompanying pages be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### Other Reporting Required by Governmental Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 29, 2014, on our consideration of Berkshire Health Group's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Berkshire Health Group's internal control over financial reporting and compliance.

*Lynch, Malloy, Marini, LLP*

Natick, Massachusetts  
April 29, 2014



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**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING**

To the Board of Directors  
Berkshire Health Group

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller of the United States, the financial statements of Berkshire Health Group (Group), as of and for the years ended June 30, 2013 and 2012, and the related notes to the financial statements, which collectively comprise the Group's basic financial statements, and have issued our report thereon dated April 29, 2014.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Group's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control. Accordingly, we do not express an opinion on the effectiveness of the Group's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Group's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Lynch, Malloy, Marini, LLP*

Natick, Massachusetts

April 29, 2014

**MANAGEMENT'S DISCUSSION AND ANALYSIS**

**BERKSHIRE HEALTH GROUP**  
Management's Discussion & Analysis  
June 30, 2013

The management of Berkshire Health Group (the Group) offers readers of our financial statements the following narrative overview and analysis of our financial activities for the years ended June 30, 2013 and 2012. Please read this discussion and analysis in conjunction with the Group's basic financial statements on the accompanying pages.

**Basic Financial Statements**

The basic financial statements are prepared using the accrual basis of accounting. Revenue is recorded when earned, and expenses are recorded when incurred. The basic financial statements include a statement of net position, a statement of revenues, expenses and changes in net position; a statement of cash flows and notes to the financial statements.

The statement of net position presents information on the assets and liabilities of the Group, with the difference being reported as net position.

The statement of revenues, expenses, and changes in net position reports the operating and non-operating revenues and expenses of the Group for the fiscal year. The net result of these activities combined with the beginning of the year net position reconciles to the net position at the end of the current fiscal year.

The statement of cash flows reports the changes in cash for the year resulting from operating and investing activities. The net result of the changes in cash for the year, when added to the balance of cash at the beginning of the year equals cash at the end of the year.

The notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements follow the basic financial statements described above.

**Financial Highlights**

- Assets exceeded liabilities (net position) in 2013 and 2012 by \$10,309,053 and \$11,374,258, respectively, at the close of each fiscal year. Net position at June 30, 2013 and 2012 represents 29.8% and 33.5%, respectively, of claims expense.
- For the years ended June 30, 2013 and 2012, net position decreased by \$1,065,206 and \$872,170, respectively.
- The statement of cash flows identifies the sources and uses of cash activity for the fiscal year and displays a net decrease in cash of \$1,507,553 for 2013 and \$233,601 for 2012.

The decrease in net position is primarily a result of claims and other Group expenses exceeding member premiums during the fiscal year. Actuarial assumptions are used in projecting annual claims costs for each health plan on a per member/per month basis and a rate, on a plan by plan basis, is set to fund the aggregate of the total projected claims and other Group costs.



**BERKSHIRE HEALTH GROUP**  
Management's Discussion & Analysis  
June 30, 2013

**Condensed Financial Information**

A comparative summary of financial information is presented below:

	<u>2013</u>	<u>2012</u>	<u>Amount of Change</u>
Cash	\$ 5,998,059	\$ 7,505,612	\$ (1,507,553)
Investments	8,787,799	8,050,850	736,949
Other current assets	<u>286,779</u>	<u>223,730</u>	63,049
Total assets	15,072,637	15,780,192	(707,555)
Claims liabilities	3,652,848	3,534,504	118,344
Other current liabilities	<u>1,110,736</u>	<u>871,430</u>	239,306
Total liabilities	4,763,584	4,405,934	357,650
Unrestricted net position	<u>10,309,053</u>	<u>11,374,258</u>	(1,065,205)
Total net position	<u>\$ 10,309,053</u>	<u>\$ 11,374,258</u>	(1,065,205)
Operating revenues	\$ 36,120,981	\$ 35,596,968	524,013
Claims expense	34,622,966	33,992,974	629,992
Claims administration expenses	2,051,733	1,943,658	108,075
All other operating expenses	<u>933,473</u>	<u>930,352</u>	3,121
Total operating expenses	<u>37,608,172</u>	<u>36,866,984</u>	741,188
Operating income	(1,487,191)	(1,270,016)	(217,175)
Non-operating revenues, net	<u>421,986</u>	<u>397,846</u>	24,140
Change in net position	<u>\$ (1,065,205)</u>	<u>\$ (872,170)</u>	\$ (193,035)

**Economic Factors Affecting the Subsequent Year**

The Group's Board set the rate structure for fiscal 2014 and 2013 plan participation. The rate structure resulted in rate increases of 0.0% in both fiscal years 2014 and 2013, respectively. The Group's Board voted to use approximately \$3,000,000 of unrestricted net position to fund the expected loss from level funding rates.

**Request for information**

This financial report is intended to provide an overview of the finances of the Group. Any questions concerning this report, or for additional information, please contact, the Primary Board, Berkshire Health Group, c/o James M. Kelley, CPA, Treasurer, P.O. Box 45 Blandford, MA. 01008.

**BASIC FINANCIAL STATEMENTS**

**BERKSHIRE HEALTH GROUP**

## Statement of Net Position

June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b><u>ASSETS</u></b>		
Current assets:		
Cash and cash equivalents	\$ 5,998,059	\$ 7,505,612
Investments	8,787,799	8,050,850
Receivables:		
Reinsurance	179,538	29,712
Member assessments	6,290	4,576
Retiree drug subsidy	49,928	104,000
Total receivables	235,756	138,288
Prepaid expense	2,938	24,728
Accrued interest earned	47,555	59,979
Total current assets	<u>15,072,107</u>	<u>15,779,457</u>
Fixed assets, net of depreciation	<u>530</u>	<u>735</u>
Total assets	<u>\$ 15,072,637</u>	<u>\$ 15,780,192</u>
<b><u>LIABILITIES AND FUND BALANCES</u></b>		
Current liabilities:		
Unpaid claims (Note 5)	\$ 3,652,848	\$ 3,534,504
Accrued expenses	14,805	5,844
Advance collections - member assessments	1,095,931	865,586
Total liabilities	4,763,584	4,405,934
Unrestricted/total net position	<u>10,309,053</u>	<u>11,374,258</u>
Total liabilities and net position	<u>\$ 15,072,637</u>	<u>\$ 15,780,192</u>

The accompanying notes are an integral part of these financial statements.

**BERKSHIRE HEALTH GROUP**  
Statement of Revenues, Expenses, and Changes in Net Position  
Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>Operating revenues:</b>		
Member assessments	\$ 35,620,581	\$ 34,871,304
Medicare Part D subsidy	500,400	725,664
Total operating revenues	<u>36,120,981</u>	<u>35,596,968</u>
<b>Operating expenses:</b>		
Medical and dental claims	34,622,966	33,992,974
Claims administration fees	2,051,733	1,943,658
Reinsurance premiums	558,761	535,651
Group administration services	374,507	394,496
Depreciation	205	205
Total operating expenses	<u>37,608,172</u>	<u>36,866,984</u>
Operating income (loss)	(1,487,191)	(1,270,016)
<b>Nonoperating revenues (expenses):</b>		
Investment income	379,277	299,740
Investment management fees	(24,747)	(22,711)
Unrealized gain (loss) on investments	67,456	120,817
Total nonoperating revenues	<u>421,986</u>	<u>397,846</u>
Change in net position	(1,065,205)	(872,170)
Net position, beginning of year	<u>11,374,258</u>	<u>12,246,428</u>
Net position, end of year	<u>\$ 10,309,053</u>	<u>\$ 11,374,258</u>

The accompanying notes are an integral part of these financial statements.

**BERKSHIRE HEALTH GROUP**  
Statement of Cash Flows  
Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>Cash flows from operating activities:</b>		
Received from member assessments	\$ 35,871,002	\$ 35,117,223
Cash received for Medicare Part D subsidy	554,472	832,928
Paid to suppliers of goods and services	<u>(37,630,693)</u>	<u>(36,650,992)</u>
Net cash provided (used) by operating activities	(1,205,219)	(700,841)
<b>Cash flows from investing/nonoperating activities:</b>		
Interest on cash, cash equivalents and investments	287,296	313,475
Paid to investment manager	(24,747)	(22,711)
Change in investments, net	<u>(564,883)</u>	<u>176,476</u>
Net cash provided (used) by investing activities	<u>(302,334)</u>	<u>467,240</u>
Net increase (decrease) in cash and cash equivalents	(1,507,553)	(233,601)
Cash and cash equivalents, beginning of year	<u>7,505,612</u>	<u>7,739,213</u>
Cash and cash equivalents, end of year	<u>\$ 5,998,059</u>	<u>\$ 7,505,612</u>
<b>Reconciliation of operating income to net cash provided by operating activities:</b>		
Operating income (loss)	\$ (1,487,191)	\$ (1,270,016)
Changes in operating assets and liabilities:		
(Increase)/decrease in receivables	(97,468)	364,529
(Increase)/decrease in prepaid expenses	21,790	(13,353)
Increase/(decrease) in unpaid claims expenses	118,344	(45,654)
Increase/(decrease) in accrued expenses	8,961	(64)
Increase/(decrease) in member's advance collections	<u>230,345</u>	<u>263,717</u>
Net cash provided (used) by operating activities	<u>\$ (1,205,219)</u>	<u>\$ (700,841)</u>

The accompanying notes are an integral part of these financial statements.

## BERKSHIRE HEALTH GROUP

Notes to Financial Statements

June 30, 2013 and 2012

### Note 1. Description of Group

Berkshire Health Group (Group) was organized on May 10, 1990, as a Massachusetts Municipal Joint Purchase Health Insurance Trust, under Chapter 32B section 12 of the Massachusetts General Laws to negotiate and purchase hospital, surgical, medical, dental, health maintenance organization coverage, preferred provider organization coverage, claims administration/administrative services only coverage, and other health care and life coverage for its participating governmental units. The Group became operational July 1, 1991. The Group is governed by a Board (the Board), comprised of representatives from each of the participating governmental units. A Treasurer has been appointed by the Board to receive member assessments, issue checks, make transfers, and maintain bank accounts.

Participating governmental units consist of those entities that have signed the Berkshire Health Group Agreement for Negotiation and purchase of Health Coverage. As of June 30, 2013, participants included one Municipal Joint Purchase Health Insurance Group (comprised of sixteen towns, two fire/water districts and one educational collaborative), seven regional school districts and four towns.

Governmental units applying for membership in the Group may do so on approval of a two-thirds vote of the Group's board. An entrance fee is due upon approval equal the greater of \$5,000 or \$50 per subscriber.

Any participating governmental unit may withdraw from the Group at its discretion upon written notification of the Board at least 90 days prior to the anniversary date of health care coverage contracts purchased by the group. The Board may terminate a participating governmental unit by a two-thirds vote of all Board members if the unit is in arrears for any payment due to the Group.

There is no liability for premiums and expenses following the effective date of the withdrawal or termination of a participating governmental unit except for its (1) proportional share of any deficits in self-funded plans, (2) open premium expense and (3) any subsequent expense to cover it subscribers remaining (where required by law) on plans after withdrawal or termination. Any deficit owed by the withdrawing or terminating governmental unit shall be paid within sixty (60) days following written demand for payment. A participating governmental unit's proportionate share of a deficit in the self-funded plans shall be the deficiency certified as of as of June 30 in the fiscal year of withdrawal or termination multiplied by the quotient as defined in the agreement. A withdrawn or terminated participating governmental unit shall not be entitled to any share of any surplus in the trust.

All surpluses or deficits of the Group are shared on a proportional and collective basis by non-terminating members. It is at the sole discretion of the Group's Board whether any surplus is to be distributed to the participating governmental units through rate reduction. In the case of a deficit, additional revenue may be raised from each participating governmental unit.

The Group provides health benefits to active employees and non-Medicare eligible retirees under four types of self-funded health benefits plans administered by Blue Cross & Blue Shield of Massachusetts (BCBSMA), a Preferred Provider Organization (PPO) plan ("Blue Care Elect Preferred"), a Point of Service (POS) plan ("Blue Choice New England), and an Exclusive Provider Organization (EPO) plan ("Network Blue New England"). The Group provides a

## BERKSHIRE HEALTH GROUP

### Notes to Financial Statements

June 30, 2013 and 2012

Medicare supplement plan ("Medex 3 Enhanced") for its retirees. The Group also provides a self-funded contributory dental plan administered by Blue Cross & Blue Shield of Massachusetts. Administrative fees are paid to BCBSMA for administering these plans on a per subscriber, per month basis.

Contributions to the Group's trust fund from participating governmental units are on a monthly basis, based upon plan specific funding rates for coverage provided on individual and family enrollments. Funding rates are approved by the Group board and are set so as to cover all projected claims for services incurred during the policy period, including those not paid during the policy period, and group administration expenses, as established through underwriting and/or actuarial estimates. During 2013, The Group's Board voted to use approximately \$3,000,000 of unrestricted net position to fund the expected loss from level funding rates.

The Group employs the services of John R. Sharry, Incorporated, d/b/a Group Benefits Strategies (GBS), as central benefit administrator to provide certain management, consulting, enrollment, COBRA and technical functions and to audit medical claims paid. The current agreement with GBS is for a three-year term ending June 30, 2014, and provides for a monthly fee based upon the number of subscribers. The agreement may be terminated by the Group, at any time with 60 days prior, written notice.

#### **Note 2. Summary of Significant Accounting Policies**

##### **A. Basis of Presentation**

The financial statements of the Group are prepared in accordance with accounting principles generally accepted in the United States of America, using the economic resources measurement focus and the accrual basis of accounting, and reflect transactions by and on behalf of the Group.

Member contributions include the monthly premiums charged to each participating governmental units and include costs for administrative services as well as insurance charges. Contributions are recorded as revenue during the period in which the Group is obligated to provide services to its members. The unearned portion of contributions for a coverage period is reported as advance collections.

Under Governmental Accounting Standards Boards (GASB) Statement No. 20, *Accounting and Reporting for Proprietary Funds and Other Governmental Entities that use Proprietary Fund Accounting*, the Group has elected to apply accounting standards applicable to the private sector issued on or before November 30, 1989, unless those standards conflict with or contradict pronouncements of the Governmental Accounting Standards Board. Operating revenues and expenses result from providing health insurance to its member governments. All other revenues and expenses are reported as non-operating.

##### **B. Cash, Cash Equivalents and Investments**

For the purpose of the statement of cash flows, cash and cash equivalents consist of cash on hand, cash in checking, savings, or money market accounts, repurchase agreements and other short term investments with original maturities of three months or less.

## BERKSHIRE HEALTH GROUP

### Notes to Financial Statements

June 30, 2013 and 2012

In accordance with GASB Statement No. 31 investments have been reported at fair value. Securities traded on national or local exchanges are valued at the last sales price at current exchange prices. Net increases (decreases) in the fair value of investments, which is defined as the difference between the fair value of the investments at the beginning of the year and at the end of the fiscal year, have been recorded as such in the statement of revenues and expenses.

#### C. Member Assessments and Advance Collections

Member assessments are billed to each participating governmental unit in the form of monthly funding rates. Assessments are recorded and recognized during the period in which the assessment is earned. Assessments collected in advance by the Group have been recorded as liabilities at year-end.

The Group generates its revenue from funding rate billings to its participating governmental units (as defined in Note 1 above) and provides health insurance benefits to their employees and retirees.

Although the Group is dependent on the economic environment of its participating Towns and Districts, Massachusetts General Laws mandates funding by the Group to meet its obligations under insurance contracts by including the amount of the obligation in determining future tax rates.

#### D. Claims Liabilities

The Group's obligations include estimated health claims incurred but not reported at June 30. The Group uses the latest reported claims to record the Group's payable of reported claims and to estimate health claims incurred but not reported as of that date. The Group pays Blue Cross/Blue Shield (BCBS) a level, monthly payment each month to cover the expected cost of claims for that month. The amount has been mutually agreed upon to represent approximately one month of projected claims for the BCBS plans. There is a quarterly reconciliation and settle-up against actual claims payments made by BCBS on behalf of the Group. Actual claims reported differ from claims estimated, but the Group's size and stop-loss coverage minimize the risk of a significant difference. Claims liabilities are reviewed periodically using claims data adjusted for the Group's current experience. Adjustments to claims liabilities are charged or credited to expense in the periods in which they are made.

#### E. Reinsurance

The Group uses reinsurance agreements to reduce its exposure to large losses on insured events. Reinsurance permits recovery of a portion of losses from the reinsurer, although it does not discharge the primary liability of the Group as the insurer of the risk.

The Group has a specific excess medical and prescription drug claims reinsurance contract with an insurance carrier covering claims paid on self-funded plans, except Medicare supplement and dental plans, in excess of \$200,000 per individual to a lifetime maximum amount payable of \$2,000,000 for each individual member within any one-policy period for both June 30, 2013 and 2012.



## BERKSHIRE HEALTH GROUP

### Notes to Financial Statements

June 30, 2013 and 2012

The policy period covers claims incurred, on a calendar basis, within 12 months and paid within 24 months.

The Group does not include reinsured risks as liabilities unless it is probable that those risks will not be covered by the re-insurer. Amounts recoverable through re-insurers on paid claims are classified as receivable and as a reduction of claims expense.

#### F. Medicare Part D Prescription Drug Benefit Program

The Group acts as plan sponsor on behalf of its members, for the purpose of applying for the subsidy payment provided for under The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Subpart R). Subsidies billed or unbilled and earned under this program are recorded as revenue, and as receivable until collected in the accompanying financial statements.

#### G. Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results will differ from those estimates.

#### H. Capital Assets

Capital assets are recorded at cost and consist of computer equipment, software and system design costs. Depreciation is computed on the straight-line method over the estimated useful lives of the related assets.

#### Note 3. Cash, Cash Equivalents and Investments

Generally, the Treasurer is authorized to invest in the following investments: term deposits or certificates of deposits, trust companies, national banks, savings banks or banking companies, or obligations issued or unconditionally guaranteed by the United States government or an agency thereof and having a maturity from date of purchase of one year or less, with certain other limitations, or invest the same in such securities as are legal for the investment of funds under the laws of the Commonwealth of Massachusetts. Fixed income investments shall be limited to US Treasury or Federal Agency obligations, and US corporate obligations rated A or better by one or more nationally recognized bond rating organizations. Debt securities of any one issuer shall not exceed 5% of fund assets, nor 20% in any single industry. The average length of maturity of fixed income investments shall be left to the investment Manager's discretion, but a laddered average maturity is to be maintained for liquidity purposes. Securities issued by or guaranteed by the US Government or its agencies shall not be subject to such limitations. The Group may invest in units of the Massachusetts Municipal Depository Trust (MMDT), an external investment pool managed by the Treasurer of the Commonwealth of Massachusetts. Cash deposits are reported at carrying amount, which reasonably approximates fair value.

## BERKSHIRE HEALTH GROUP

### Notes to Financial Statements

June 30, 2013 and 2012

The Group maintains deposits in authorized financial institutions. In the case of deposits, custodial credit risk is the risk that in the event of a bank failure, the Group's deposits may not be returned. The Group does not have a formal deposit policy for custodial credit risk. At June 30, 2013 and 2012 deposits totaled \$5,994,895 and \$7,290,514, respectively. The carrying amount of cash reported at June 30, 2013 and 2012 were \$5,998,059 and \$7,505,612, respectively. Of the deposit amounts, \$5,486,952 and \$5,650,679 was exposed to custodial credit risk at June 30, 2013 and 2012, respectively, because it was uninsured and uncollateralized. The difference between deposit amounts and carrying amounts generally represents outstanding checks and deposits in transit.

Investment income reported in the financial statements is made up of the following:

	<u>2013</u>
Interest and Dividend Income	\$ 274,872
Realized Gain on Investments	<u>104,405</u>
Total Investment Income	<u>379,277</u>

*Custodial credit risk* for investments is the risk that, in the event of the failure of the counter party to a transaction, the Group will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Group does not have a formal investment policy covering custodial credit risk.

*Interest rate risk* is the risk that changes in market interest rates that will adversely affect the fair market value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair market value to changes in market interest rates. The Group has an investment policy, which provides the average length of maturity of fixed income investments shall be left to the investment Manager's discretion, but a laddered average maturity is to be maintained for liquidity purposes. Securities issued by or guaranteed by the US Government or its agencies shall not be subject to such limitations.

The approximate maturities of the Group's debt investments are disclosed in the following table:

<u>Investment Type</u>	<u>Fair Market Value</u>	<u>Maturity</u>			
		<u>12 months or less</u>	<u>13 – 24 months</u>	<u>25 – 60 months</u>	<u>Thereafter</u>
<b>As of June 30, 2013:</b>					
Federal agency bonds	\$ 107,696	\$ -	\$107,696	\$ -	\$ -
Mutual-exchange traded funds	482,824	482,824			
MMDT	649,219	649,219			
Certificates of deposit	304,182	98,668		205,514	
Domestic equities	2,465,412	901,344			1,564,068
Corporate notes	<u>4,778,466</u>	<u>535,257</u>	<u>-</u>	<u>2,263,209</u>	<u>1,980,000</u>
	<u>\$ 8,787,799</u>	<u>\$ 2,667,312</u>	<u>\$ 107,696</u>	<u>\$ 2,468,723</u>	<u>\$ 3,544,068</u>

**BERKSHIRE HEALTH GROUP**

Notes to Financial Statements

June 30, 2013 and 2012

Investment Type	Fair Market Value	Maturity			
		12 months or less	13 - 24 months	25 - 60 months	Thereafter
<b>As of June 30, 2012:</b>					
U.S. Treasury Notes	\$ 185,671	\$	\$	\$	\$185,671
Federal agency bonds	111,058			111,058	
Mutual exchange traded funds	271,824	271,824			
MMDT	647,814	647,814			
Certificates of deposit	381,831	75,327			306,504
Domestic equities	1,791,343	728,035			1,063,308
Corporate notes	<u>4,661,309</u>	<u>513,562</u>	<u>651,959</u>	<u>835,815</u>	<u>2,659,973</u>
	<u>\$ 8,050,850</u>	<u>\$ 2,236,562</u>	<u>\$651,959</u>	<u>\$946,873</u>	<u>\$4,215,456</u>

*Credit risk* is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. Credit risk is measured by the assignment of a rating by a nationally recognized statistical rating organization. Obligations of the U.S. Government and certain of its agencies are not considered to have credit risk and therefore no rating is disclosed in the below table. Equity securities and equity mutual funds are not rated as to credit risk. Fixed income investments shall be limited to US Treasury or Federal Agency obligations, and US corporate obligations rated A or better by one or more nationally recognized bond rating organizations. The following table discloses the approximate amount of debt investments in each rating classification using Standard & Poor's rating classifications:

Investment Type	Fair Market Value	Exempt from Disclosure	S&P Rating as of Year End				Not Rated
			AAA	AA to A	BBB	BB to B	
<b>As of June 30, 2013:</b>							
Federal agency securities	\$ 107,696	\$ 107,696	\$ -	\$ -	\$ -	\$ -	\$ -
Money market funds	482,824						482,824
MMDT	649,219						649,219
Certificates of deposit	304,182						304,182
Domestic equities	2,465,412						2,465,412
Corporate notes	<u>4,778,466</u>		<u>262,971</u>	<u>4,021,178</u>	<u>288,386</u>	-	<u>205,931</u>
	<u>\$ 8,787,799</u>	<u>\$ 107,696</u>	<u>\$262,971</u>	<u>\$ 4,021,178</u>	<u>\$ 288,386</u>	<u>\$ -</u>	<u>\$ 4,107,568</u>
<b>As of June 30, 2012:</b>							
U.S. Treasury Notes	\$ 185,671	\$ 185,671	\$	\$	\$	\$	\$
Federal agency securities	111,058			111,058			
Money market funds	271,824						271,824
MMDT	647,814						647,814
Certificates of deposit	381,831						381,831
Domestic equities	1,791,343						1,791,343
Corporate notes	<u>4,661,309</u>		<u>272,693</u>	<u>4,278,898</u>	-	-	<u>109,718</u>
	<u>\$ 8,050,850</u>	<u>\$ 185,671</u>	<u>\$ 272,693</u>	<u>\$ 4,389,956</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$3,202,530</u>

*Concentration of credit risk* – Debt securities of any one issuer shall not exceed 5% of fund assets, nor 20% in any single industry. Investment in common stocks shall not exceed 25% of the total investment portfolio. Excluding U.S. federal agency securities, and external investment pools, there are no securities or issuers which represent more than 5% of the total investments of the governmental activities.

**BERKSHIRE HEALTH GROUP**

Notes to Financial Statements

June 30, 2013 and 2012

**Note 4. Capital Assets**

Changes in capital assets during fiscal year 2013 are as follows:

	<u>Balance</u> <u>6/30/2012</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>6/30/2013</u>
Furniture and equipment	\$ 13,960	\$ -	\$ -	\$ 13,960
Total capital assets	13,960	-	-	13,960
Less accumulated depreciation:				
Furniture and equipment	13,225	205	-	13,430
Total accumulated depreciation	13,225	205	-	13,430
Capital assets, net	\$ 735	\$ (205)	\$ -	\$ 530

**Note 5. Health Claims Incurred but not Reported**

The Group establishes a liability for both reported and unreported insured events, which include estimates of both future payments of losses and related adjustment expenses, if any. The following table represents changes in claims' liabilities for the years ended June 30, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Unpaid claims and claims' adjustment expenses—beginning of year	\$ 3,534,504	\$ 3,580,158
Incurred claims and claims' adjustment expenses:		
Provision for insured events of the current fiscal year	33,425,469	35,077,192
(Decrease) in provision for insured events of prior fiscal years	<u>1,197,497</u>	<u>(1,084,218)</u>
	34,622,966	33,992,974
Payments:		
Claims and claims' adjustment expenses attributable to insured events of the current fiscal year	(29,772,620)	(31,542,687)
Claims and claims' adjustment expenses attributable to insured events of prior fiscal years	<u>(4,732,002)</u>	<u>(2,495,941)</u>
	<u>(34,504,622)</u>	<u>(34,038,628)</u>
Total unpaid claims and claims' adjustment expenses—end of year	\$ <u>3,652,848</u>	\$ <u>3,534,504</u>

**Note 6. GASB Pronouncements Recently Issued**

The following are pronouncements issued by the Governmental Accounting Standards Board (GASB), which the Group believes are applicable to its financial statements.

## BERKSHIRE HEALTH GROUP

### Notes to Financial Statements

June 30, 2013 and 2012

#### Current pronouncements

The GASB issued Statement #61, *The Financial Reporting Entity: Omnibus—an amendment* of GASB Statements No. 14 and No. 34, which was required to be implemented in fiscal year 2013. This pronouncement modified requirements for the inclusion of component units in the financial reporting entity. This pronouncement had no effect on the Group's financial statements.

The GASB issued Statement #62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*, which was required to be implemented in fiscal year 2013. This pronouncement continued the codification of all generally accepted accounting principles for state and local governments into a single source.

The GASB issued Statement #63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position*, which was required to be implemented in fiscal year 2013. This pronouncement standardized the financial reporting relating to the elements of a government's consumption of net assets, and an acquisition of net assets that is applicable to a future reporting period.

#### Future pronouncements

The GASB issued Statement #65, *Items Previously Reported as Assets and Liabilities*, which is required to be implemented in fiscal year 2014. This pronouncement will clarify the appropriate use of the financial statement elements deferred outflows of resources and deferred inflows of resources to ensure consistency in financial reporting. The Group doesn't believe this pronouncement will impact the Group's financial statements.

The GASB issued Statement #66, *Technical Corrections - 2012*, an amendment of GASB Statements No. 10 and No.62, which is required to be implemented in fiscal year 2014. This pronouncement will resolve conflicting accounting and financial reporting guidance that could diminish the consistency of financial reporting and thereby enhance the usefulness of the financial reports. The Group expects this pronouncement will require additional disclosure and impact the Group's financial statements.

The GASB issued Statement #69, *Government Combinations and Disposals of Government Operations*, which is required to be implemented in fiscal year 2014. The pronouncement addresses accounting and financial reporting issues associated with a variety of transactions, such as mergers, acquisitions, disposals and transfer of governmental operations. The Group does not anticipate this pronouncement will impact the Group's financial statements.

The GASB issued Statement #70, *Accounting and Financial Reporting for Nonexchange Financial Guarantees*, which is required to be implemented in fiscal year 2014. The pronouncement addresses accounting and financial reporting for financial guarantees extended by a government for the obligations of another government, not-for-profit, or private entity without directly receiving equal or approximately equal value in exchange for the guarantee. The Group does not anticipate the pronouncement will impact the Group's financial statements.

BERKSHIRE HEALTH GROUP  
Required Supplementary Information  
Ten-Year Claims' Development Information

The table on the next page illustrates how the Group's earned revenues and investment income compare to related costs of loss and other expenses assumed by the Group as of the end of each of the last ten years. The rows in the table are defined as follows: (1) This line shows the total of each fiscal year's earned contribution revenues and investment revenues, the amount of contribution revenue ceded, and the amount of net earned revenues. (2) This line shows each fiscal year's other operating costs of the Group including overhead and claims' expense not allocated to individual claims. (3) This line shows the Group's incurred claims and allocated claims adjustment expenses, claims assumed by reinsurers, and net incurred claims and allocated adjustment expenses (both paid and accrued) as originally reported at the end of the first year in which the event triggered coverage under the contract occurred (called *policy year*). (4) This section of rows shows the cumulative net amounts paid as of the end of successive years for each policy year. (5) This line shows the latest re-estimated amount of claims assumed by reinsurers as of the end of the current year for each accident year. (6) This section of rows shows how each policy year's net incurred claims increased or decreased as of the end of successive years. This annual re-estimation results from new information received on known claims, reevaluation of existing information on known claims, and emergence of new claims not previously known. (7) This line compares the latest re-estimated incurred claims amount to the originally established (line 3) and shows whether this latest estimate of claims cost is greater or less than originally thought. As data for individual policy years mature, the correlation between original estimates and re-estimated amounts is commonly used to evaluate the accuracy of net incurred claims currently recognized in less mature policy years. The columns of the table show data for successive policy years.

**BERKSHIRE HEALTH GROUP**  
**REQUIRED SUPPLEMENTARY INFORMATION**  
 Ten-Year Claims' Development Information  
 (Unaudited)

	6/30/2013	6/30/2012	6/30/2011	6/30/2010	6/30/2009	6/30/2008	6/30/2007	6/30/2006	6/30/2005	6/30/2004
1. Member assessments, other and investment revenues										
Earned	\$ 36,567,714	\$ 36,017,525	\$ 37,851,195	\$ 34,899,617	\$ 33,584,250	\$ 31,196,116	\$ 29,189,336	\$ 25,740,284	\$ 21,296,413	\$ 19,157,413
Ceded	558,761	535,651	504,871	441,258	498,686	448,556	406,113	551,650	492,352	495,893
Net earned	36,008,953	35,481,874	37,346,324	34,458,359	33,085,564	30,747,560	28,783,223	25,188,634	20,804,061	18,661,520
2. Unallocated expenses	2,450,987	2,360,865	2,220,119	2,126,634	2,220,054	1,999,235	1,819,017	1,770,119	1,604,362	1,556,694
3. Estimated claims and expense, end of fiscal year										
Incurred	34,134,056	35,351,133	33,964,995	33,017,424	31,040,661	26,741,508	25,741,632	22,956,934	19,726,973	16,675,409
Ceded	708,587	273,941	500,437	1,465,716	475,129	138,723	230,613	324,446	86,529	68,771
Net incurred	33,425,469	35,077,192	33,464,558	31,551,708	30,565,532	26,602,785	25,511,019	22,632,488	19,640,444	16,606,638
4. Net paid (cumulative) as of:										
End of fiscal year	29,772,620	31,542,687	29,884,399	28,619,508	27,127,980	24,118,673	21,732,748	20,020,434	17,393,074	15,174,649
One year later		36,274,689	32,398,912	31,141,651	30,040,275	26,180,615	25,144,861	22,460,300	18,856,217	16,318,847
Two years later			32,341,249	31,126,035	30,023,342	26,173,716	25,130,728	22,486,781	18,847,981	16,325,565
Three years later				31,125,596	30,024,903	26,166,568	25,131,346	22,479,540	18,840,841	16,326,817
Four years later					30,024,374	26,160,611	25,131,062	22,479,975	18,829,786	16,326,726
Five years later						26,160,686	25,133,281	22,477,247	18,822,081	16,305,959
Six years later							25,133,222	22,477,247	18,822,059	16,305,959
Seven years later								22,477,247	18,822,059	16,305,959
Eight years later									18,822,059	16,305,959
Nine years later										16,305,959
5. Reestimated ceded claims and expenses	708,587	273,941	500,437	1,465,716	475,129	214,655	260,625	335,317	177,130	69,809
6. Re-estimated incurred, self-insured claims and expense:										
End of fiscal year	33,425,469	35,077,192	33,464,558	31,551,708	30,565,532	26,602,785	25,511,019	22,632,488	19,640,444	16,606,638
One year later		36,274,689	32,398,912	31,141,651	30,040,275	26,180,615	25,144,861	22,460,300	18,860,370	16,322,544
Two years later			32,341,249	31,126,035	30,023,342	26,173,716	25,130,728	22,486,781	18,847,981	16,328,339
Three years later				31,125,596	30,024,903	26,166,568	25,131,346	22,479,540	18,840,841	16,326,817
Four years later					30,024,574	26,160,611	25,131,062	22,479,975	18,829,786	16,326,726
Five years later						26,160,686	25,133,281	22,477,247	18,822,081	16,305,959
Six years later							25,133,222	22,477,247	18,822,059	16,305,959
Seven years later								22,477,247	18,822,059	16,305,959
Eight years later									18,822,059	16,305,959
Nine years later										16,305,959
7. Increase (decrease) in estimated net incurred claims and expense from the end of the original policy year.		(1,197,497)	1,123,309	426,112	540,958	442,099	377,797	155,241	818,385	300,679